



# Sexual Harassment Prevention Complaint Form

## Sexual Harassment is against the law.

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this Complaint Form and submit it in person to Timothy D. Smith, Executive Director, 501 Plaza Drive, Vestal, NY 13850 or via e-mail at [6dds@6dds.org](mailto:6dds@6dds.org). These two methods are preferred because they allow us immediate notification of your complaint. Timothy can also be reached at (833) 499-0967 or (607) 724-1781, Monday, Wednesday and Thursday from, 9:00am to 3:00pm EST. You will not be retaliated against for filing this complaint.

If you are more comfortable reporting verbally or in another manner, we will complete this form, provide you with a copy and follow our Sexual Harassment Prevention Policy and Complaint Process by investigating the claims as outlined in this form.

You may also call the New York State Division of Human Rights Sexual Harassment Hotline at (800) 427-2773, Monday - Friday 9:00am to 5:00pm EST or e-mail this Complaint Form to [complaints@dhr.ny.gov](mailto:complaints@dhr.ny.gov) or FAX it to (718) 741-8322.

For additional resources, visit: [www.ny.gov/programs/combating-sexual-harassment-workplace](http://www.ny.gov/programs/combating-sexual-harassment-workplace)

## COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

e-mail:

Select Preferred Communication Method: ( ) e-mail ( ) Phone ( ) In person

## SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:



# Sixth District

## DENTAL SOCIETY

Work Phone:

Work Address:

### COMPLAINT INFORMATION

Your complaint of Sexual Harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other \_\_\_\_\_

1. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

2. Date(s) sexual harassment occurred:

Is the sexual harassment continuing?  Yes  No

3. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional but may help the investigation.

4. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_